

COLORECTAL CANCER

5 December 2006

The Hon. D.G.E. HOOD: I seek leave to make a brief explanation before asking the Minister for Environment and Conservation, representing the Minister for Health, a question about colorectal cancer.

Leave granted.

The Hon. D.G.E. HOOD: In Australia, one in 26 women and one in 17 men will develop colorectal cancer (that is, cancer of the large bowel) during their lifetime. Experts agree that early detection and treatment is the best way to prevent death from colorectal cancer. Early detection and treatment of cancer precursors can effectively mean avoidance of death from such cancer. The Australian colorectal cancer screening program uses a test to detect traces of blood in the stool. I am told that for some time the region of the Central Northern Area Health Service—an area which comprises, for instance, the Royal Adelaide Hospital, the Lyell McEwin Hospital, the Modbury Hospital and the Queen Elizabeth Hospital—has suffered substantially smaller resources to serve the population on a per capita basis with regard to services in this very important field of gastroenterology.

The shortfall is reflected by long waiting lists for endoscopic procedures and out-patient appointments. The delay in the roll-out of the colon cancer screening program to the central northern Adelaide health region further widens the gap in the quality of care that can be delivered to the population of the metropolitan north, and potentially will cost the lives of people living in the disadvantaged northern and central metropolitan areas of Adelaide. My questions to the minister are:

1. Does the government view there to be a shortfall in allocation of screening in the central northern Adelaide health area and, if so, why?

2. In that case, will the minister move swiftly to rectify inequality for that area by granting the same access as other areas for colorectal cancer screening?